_]Eai	lod 🗆	Closed IHH	State of Maine L	400	1+1		ln/		octio	n Popori	<u> </u>			Page 1 of	<u> </u>	
						Health Inspection Report											
 				Critical Violations Non-Critical Violations								3 5	Date	<u></u>	2/20 0 PN		
CAMO ITALIAN CANDUIGUI CUCEDE					Certified Food Protection						Manager					0 PN	
License Expiry Date/EST. ID# Address									Zip Code	Υ	Tele	ephone					
3/19/2020 / 9555 675 MAIN ST						1 -						04240-580)2		7-782-2550		
				Owner Name							License Pos		Ь.	Risk Categor			
			PI ACE	SAMS ITALIAN FOODS			egı					Yes				•	
MUN - EATING PLACE SAMS ITALIAN FOODS FOODBORNE ILLNESS RISK FA					СТО		_				ALTH INTED						
			FOOL	DBORNE ILLNESS RISK FA	CIO	пЭ	AIN	עוּ	FU	BLIC HE	ALIIIINIEN	VENTIONS					
	Ci	ircle desig	•	(IN, OUT, N/O, N/A) for each number	ered it	em					ark"X" in appropi			d/or	R		
IN=in compliance OUT=not in compliance N/O=not observed N/A=r							licable COS=corrected on-site				during inspection R=repeat violation			n	1		
Compliance Status						Cos R Compliance Status Potentially Hazardous Food Time/Temperature								cos	R		
-				upervision				ıcl							e		_
1		IN	PIC present, demonstra performs duties	ates knowledge, and				16 7		IN IN	Proper cooking Proper reheating				olding	+	╁
			_	loyee Health			—	18		IN	Proper cooling				Juliy	+	+
2		IN	Management awarenes				_	19		IN	Proper hot hold						t
3		IN		g, restriction & exclusion gienic Practices			_	20		OUT	Proper cold ho					х	Τ
4		IN		drinking, or tobacco use	$\overline{}$	П	2	21		IN	Proper date ma	arking & dispo	osition				
5		IN	No discharge from eyes		工	口	2	22		IN	Time as a publi	c health cont	rol: pr	oced	lures & recor	d	
			Preventing Contamination by Hands					Consumer Advisory									
6		IN	Hands clean & properly		_	Н	2	23		IN	Consumer advi		d for ra	aw or	r		
7		IN		with RTE foods or approved							Highly Susce		tione				
8		IN	Adaguate handwashing	g facilities supplied & accessible	+	\vdash					Pasteurized for			d foo	ds not		Н
Ť		114		red Source			2	24		IN	offered				uoot		
9		IN	Food obtained from app		Т	П						Chemical					
10		IN	Food received at prope		+	H		25		IN	Food additives	: approved &	prope	rly us	sed		
11		IN	Food in good condition	:	\top	H	2	26		IN	Toxic substanc	es properly i	dentifi	ed, st	tored & used		
		INI	Required records avail							Co	onformance with	Approved Pr	ocedu	res			
12		IN	parasite destruction				2	27		IN	Compliance wi	th variance, s	pecial	ized	process,		
			Protection fr	om Contamination] L				& HACCP plan						
13		IN	Food separated & prote	ected		Ш			Risk	Factors	are improper prac	ctices or proced	dures id	lentifi	ed as the most		
14		OUT	Food-contact surfaces:		Х	Х			prev	alent contril	buting factors of f	oodborne illne	ss or ii	njury.	Public Health		
15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food								١	nter	ventions are	are control measures to prevent foodborne illness or injury.						
				GOOD I	RETA	۱L	PR	AC	TIC	CES							
			Good Retail Practices are	preventative measures to control the	additi	on of	path	hog	ens	, chemicals,	and physical obje	cts into foods.					
Ма	rk "X	" in box if n	umbered item is not in com	ipliance Mark "X" in appropriate	e box f	or C	OS a	and	or F	R COS	=corrected on-site	during inspec	tion	R=r	epeat violation	1	
					cos	R										cos	R
Safe Food and Water							╽┝	Proper Use of Utensils									_
28 IN Pasteurized eggs used where required					\top	Т	4	11 1	n I	In-use uten	sils: properly sto					Т	Π
29 N Water & ice from approved source			+	T	! ⊢	-	-		quipment, & line		tored.	drie	d, & handled	\top	T		
30 IN Variance obtained for specialized processing methods				\top	1	! ⊢	-	-		& single-service					\top	T	
Food Temperature Control							4	14	N	Gloves use	d properly						
31 IN Proper cooling methods used; adequate equipment for											Utensils, Equip	ment and Ven	ding				
	1	temperatu	re control		\perp	_	4	15	<u>۱</u>		n-food contact su		able.				_
\vdash	-		properly cooked for hot	holding	\bot	1	I L	4	4		esigned, constru					+	\vdash
33 IN Approved thawing methods used			+	_	! ⊢	-	_		/arewashing facilities: installed, maintained, & used; test strips								
34 X Thermometers provided and accurate						_	4	17)	<u> </u>	Non-food c	ontact surfaces						Х
Food Identification						-	-	ı o l ı	N. L.			al Facilities					_
35	IIN	Food prop	erly labeled; original con Prevention of Food Conf			_	! ⊢	-	-		water available;	· · ·				+	┝
26	INI	Incoata ra			$\overline{}$	т	! ⊢	-			nstalled; proper					+	┝
36 N Insects, rodents, & animals not present 37 X Contamination prevented during food preparation, storage & display				X	\vdash	! ⊢	-	+		waste water pro			& ^	leaned	+	X	
38					+^	+	! ⊢	51 X Toilet facilities: properly constructed, supplied, & cleaned 52 IN Garbage & refuse properly disposed; facilities maintained							├		
39 IN Wiping cloths: properly used & stored			+	T	1 ⊢	53 N Physical facilities installed, maintained, & clean							+	H			
40	-		ruits & vegetables		+	T	• ⊢	4 1	-		entilation & ligh				sed	+	T
			1	· · · · · · · · · · · · · · · · · · ·				-							-		_
Person in Charge (Signature) Date: 2/22/2019 Health Inspector (Signature)																	
		ACHANCE	-	How Mark	Lea					Follow-	up: YES	NO D	ate of F	Follov	w-up:		

	State of	Maine Hea	alth Inspect	tion Repo	rt	Page 2 of 6
Establishment Name			As Authorized b	Date 2/22/2019		
SAMS ITALIAN SANDWICH SHOPPI	E					
License Expiry Date/EST. ID# 3/19/2020 / 9555	Address 675 MAIN ST		City / State LEWISTON	/ ME	Zip Code 04240-5802	Telephone 207-782-2550
	Te	emperatur	e Observat	ions		
Location	Temperature			Notes		
Salami	35*	Walk in cooler				
Meatball	174*	Hot holding				
Chlorine sanitizer	50+ ppm	Sanitizer solution	n buckets			
Tuna salad	41*					
Cooked ground beef	47*	Pasta cooler unit	t (discarded)			
Chicken salad	38*	Walk in cooler				
Roast beef	39*	Sandwich cooler	(bottom shelf)			

Pasta cooler unit (discarded)

3rd bay dish sink (corrected)

Sandwich cooler (top insert)

Pasta cooler unit (discarded)

Person in Charge (Signature)

Health Inspector (Signature)

LOUIS LACHANCE

Cooked ziti

Chlorine sanitizer

Sliced ham

Cooked spaghetti

Tomato sauce

48*

10 ppm

41*

48*

165*

How Buken

erson in Charge (Signature) Date: 2/22/2019

Hot holding

State of Maine Health Inspection Report Page 3 of 6												
Establishment Name SAMS ITALIAN SANDWICH SHOPPI	<u> </u>		As Authorized by	Date 2/22/2019								
cense Expiry Date/EST. ID# Address City / State 19/2020 / 9555 675 MAIN ST LEWISTON / ME			/ ME	Zip Code 04240-5802	Telephone 207-782-2550							
Temperature Observations												
Location Temperature				Notes								
Noodle soup	182*	Hot holding										

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 2/22/2019

State of Maine Health Inspection Report

Page 4 of 6

Establishment Name

SAMS ITALIAN SANDWICH SHOPPE

License Expiry Date/EST. ID# 3/19/2020 / 9555

Address 675 MAIN ST City / State LEWISTON

ME

Zip Code 04240-5802

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

14: 4-501.114.(A).(1): C: Dishes/utensils are not being sanitized in water with the correct chlorine sanitizer concentration.

INSPECTOR NOTES: Manual dish sink does not have correct chlorine parts per million. Dishes and equipment must be sanitized with correct PPM. *COS

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: **REPEAT** Can opener blade and specific pieces of the ice machine (in contact with food) are dirty. Clean and/or replace opener blade. Discard ice in machine and stop use until 3rd party refrigeration Co. completes a cleaning of the ice machine. Email proof of professional cleaning to local health official before reuse..

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: All ingredients in pasta cooler elevated in temperature. Adjust temperature setting and moniter that it can hold PHF's at 41* or below. *COS, discarded

34: 4-302.12.(A): N: Inadequate number of food temperature measuring devices provided.

INSPECTOR NOTES: Multiple refrigeration units without thermometers. Acquire enough thermometers for all cooling units.

37: 3-305.11: N: Food not protected from contamination during storage.

INSPECTOR NOTES: Multiple foods in walk in cooler left uncovered and subject to contamination due to dirty shelving. Cover items. *COS

45: 4-501.11: N: Equipment in disrepair.

INSPECTOR NOTES: Door gaskets to multiple coolers ripped and torn. Replace gaskets that are damaged.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

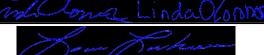
INSPECTOR NOTES: **REPEAT** Shelving in walk in cooler has a build up of food debris/dust. All shelving needs to be cleaned and sanitized.

51: 5-501.17: N: Covered receptacle not provided. (Female use)

INSPECTOR NOTES: **REPEAT** Womens restroom does not have a covered trash receptacle. Purchase covered trash receptacle.

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE



Date: 2/22/2019

State of Maine Health Inspection Report

Page 5 of 6

Date

2/22/2019

Establishment Name

SAMS ITALIAN SANDWICH SHOPPE

License Expiry Date/EST. ID# 3/19/2020 / 9555

Address 675 MAIN ST City / State LEWISTON

ME

Zip Code 04240-5802

Inspection Notes

Certified Food Protection Manager: Linda Oconnor exp. 2/6/22

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE

How Ruken

Date: 2/22/2019

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	Page 6 of 6								
Establishment Name SAMS ITALIAN SANDWICH SHOPPE									
License Expiry Date/EST. ID# 3/19/2020 / 9555	Address 675 MAIN ST	City / State LEWISTON	ME	Zip Code 04240-5802					
Inspection Notes									

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE How Kirken

Date: 2/22/2019

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